U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number 11		
1. File Number U-	2. Fiscal Year Covered From:	
11501 FILING	1 / 1 / 250 Through: 1 / 250 / 250 /	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name The Action of the Action	Name A Manual A Manu	
	Labor Organization File Number 6.9-80	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street Street	Street Street	
City REACHER TO THE REAL PROPERTY OF THE PROPE	City Leaving the Company of the Comp	
State ZIP Code +4 Columnia ZIP Code +4	State ZIP Code + 4 ZIP Code + 4	
5. Position in labor organization.		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Spiriture S		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street ##################################	7.b. Amount.	
City City		
City State ZIP Code + 4		
Process (edges, togge of West edges to Process Assessment of United Strategies (1982) 11 of 12 project (1982)	ture	

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZiP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	250.0163.4000000000000000000000000000000000000
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money of	or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Section 1997 1997 1997 1997 1997 1997 1997 199		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

FRANK J. PACE

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.